

The National Association of Social Workers – Texas Chapter (NASW/TX) appreciates the opportunity to provide the House Human Services Committee feedback in preparation of the 2021 legislative session. NASW/TX represents over 5,000 social workers across the state and advocates for the wellbeing of all Texans. Please consider the following recommendations related to Medicaid, mental health workforce initiatives, mental health and substance use treatment.

Interim Charge: Health Care Access and Medicaid: *Examine innovative approaches and delivery models to reduce health care costs for both patients and taxpayers, including policies that other states have implemented. Consider recommendations to implement such models. Study the impact that "direct care" health care models may have on Medicaid beneficiaries for acute care and mental health services, including potential cost savings and improvement in quality metrics. Examine efforts other states have made seeking to implement direct care models, particularly in Medicaid or in charitable health care delivery.*

Medicaid

Make current telehealth flexibilities made available during the COVID-19 pandemic permanent, including audio-only telephone for mental health services

As you know, the COVID-19 pandemic continues, and no vaccine is yet available. Medicaid clients include children and people with disabilities and other health care needs which means that adequate access to telehealth mental health services is imperative for both for the protection of the clients and the providers who serve them. Licensed social workers treat many individuals in need of mental health services who have compromising immune conditions that place them at greater risk of exposure. Their risk can be greatly minimized through telehealth. Texans using Medicaid need continued and consistent access to mental health services, especially those grieving lost loved ones, coping with the effects of the virus, dealing with the added stress of students returning to schools or studying online, and facing economic uncertainty. There remains an imminent peril to the public health, safety or welfare due to the virus, and access to telehealth services, including mental health services, remains critical.

Provide pay parity for all mental health providers utilizing the psychotherapy benefit, allow Licensed Master Social Workers (LMSWs) working toward their clinical license the ability to bill for psychotherapy.

Current Medicaid rules allow psychiatrists and psychologists to receive 100% of the psychotherapy benefit reimbursement rates compared to licensed clinical social workers (LCSWs), licensed professional counselors (LPCs), and licensed marriage and family therapists (LMFTs). LCSWs, LPCs, and LMFTs are currently reimbursed for 70% of the full psychotherapy benefit rate despite being the primary providers of that service within Medicaid provider networks. In order to incentivize mental health providers to better serve Medicaid clients, especially in rural and underserved areas, HHSC should consider working with Medicaid MCOs to increase rates to the full 100% for the psychotherapy benefit.

Other changes should be considered to improve mental health professional participation in MCO provider networks. HHSC should consider administrative changes to allow licensed master social workers (LMSWs) who are supervised under LCSWs to bill Medicaid while completing supervision hours. This change would allow social workers to learn more about the Medicaid MCO system and see the benefits of working with Medicaid recipients before becoming an LCSW. HHSC should consider funding for MCOs to pay time and mileage of LCSWs who travel throughout rural areas for Medicaid clients. This would incentivize providers to work within mental health professional shortage areas throughout the state to better serve those Medicaid recipients.

Implement full year continuous coverage for children in Medicaid and make changes needed to reduce enrollment red tape.

Texas has the highest uninsured rate of children in the country with 11.2 percent compared to the national average of 5.5 percent.¹ Texas should work to ensure that children who are eligible for Medicaid are successfully enrolled, and stay enrolled, in order to access needed healthcare. Medicaid's current periodic income checks at months 5, 6, 7, and 8 can cause eligible children to lose access. HHSC should align the Medicaid twelve-month eligibility checks with those of the Children's Health Insurance Plan (CHIP) in order to provide better healthcare access to children across the state. Previous HHSC data shows that children lost Medicaid insurance purely based on paperwork issues. Children across the state would benefit from one-year continuous coverage without the additional income checks. Additionally, HHSC should provide adequate funding to reduce administrative red tape and increase eligible participation in the program through robust enrollment efforts in all areas of the state.

Improve administrative systems for Medicaid providers.

NASW/TX was pleased to see the HHS Inaugural Business Plan include the commitment to "customer service and dynamic relationships". We ask that HHS consider providers who are contracted with MCOs as "customers" in their implementation of this commitment. Increased administrative burden and red tape continues to keep mental health providers, including social workers, from remaining in MCO provider networkers. We encourage the legislature to dedicate funding to efforts to improve the administrative burdens for Medicaid providers in order to keep the focus of our providers on the Medicaid recipients, rather than on paperwork.

¹ 2018 U.S. Census data. Cover Texas Now (2019). *Texas Kids' Uninsured Rate Still Highest In Nation & Getting Worse, According To US Census.*